

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30095

State File No.

FILED OCT 13 1948
Registration District No. 223

Primary Registration District No. 3028

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 60 years years, months or days)

3. (a) PRINT FULL NAME John Parker

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena M. Parker 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 17 1861
(Month) (Day) (Year)

8. AGE: Years 87 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Knox County Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Jasper County Infirmary

MOTHER FATHER { 12. Name B. T. Parker
13. Birthplace Knox County Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Hollingsworth
15. Birthplace Knox County Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Parker
(b) Address Route 4, Carthage, Mo.
17. (a) burial (b) Date thereof Oct 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri
19. (a) 10-8-1948 (b) L. B. Clinton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4, Carthage
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1948 hour 2 minute 00 a. m.

21. I hereby certify that I attended the deceased from Sept 10 1948 to Oct 6 1948
that I last saw him alive on Sept 4 Oct 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Injury, accident, by animal trauma to upper abdomen with injury to liver and lower chest Duration 26 days
Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 10, 1948
(c) Where did injury occur? Jasper, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm ricked up a
While at work? yes (Specify type of place) (e) Means of injury cow
23. Signature George H. Wood (M. D. or other)
Address Carthage Mo Date signed 10/7/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48-10-843

DEC 7 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank W. Kneel Jr

Licensed Embalmer No. 4440

P. O. Address Canthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.